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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

CHP

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000094077 (2)**

1. Corporation Name

JUST YOUR TYPE OF HERNANDO COUNTY, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
4059 LONGBRANCH CT. SPRING HILL FL 34606	4059 LONGBRANCH CT. SPRING HILL FL 34606

3. Date Incorporated or Qualified: 12/29/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 1307 MASADA Lane	26 1307 MASADA Lane
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Spring Hill, FL	City & State 28 Spring Hill, FL
Zip / Country 24 34608 / 25 Hernando	Zip / Country 29 34608 / 30 Hernando

4. FEI Number: 59-3288446 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under C. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GENOVA, FRANK 4059 LONGBRANCH CT. SPRING HILL FL 34606	81 Name: SAME 82 Street Address (P.O. Box Number is Not Acceptable): 1307 MASADA Lane 83 84 City: Spring Hill FL 85 Zip Code: 34608

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	☐ Change ☐ Addition
NAME	GENOVA, FRANK	1.2 NAME	
STREET ADDRESS	4059 LONGBRANCH CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34606	1.4 CITY-ST-ZIP	
TITLE	DVS	2.1 TITLE	☐ Change ☐ Addition
NAME	GENOVA, DEIRDRE A	2.2 NAME	
STREET ADDRESS	4059 LONGBRANCH CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34606	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Frank Genova FRANK GENOVA 6-28-95 906 616 0572
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0002788 FP